PART B - FEE(S) TRANSMITTAL

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00201	00201 7590 10/24/2005				Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
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700 SYLVAN AVENUE, BLDG C2 SOUTH				I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile			
ENGLEWOOD C		transmitted to the USP	10 (3/1) 2/3-2883, on the	date indicated below.			
01/17/2006 WABDE	LR3 00000017 121155	10664367		Michael P.	Aronson	(Depositor's name)	
01 FC:1501 02 FC:1504	1400.00 DA 300.00 DA			Malerto	January 18	(Signature)	
APPLICATION NO.	FILING DATE	FIRST NAMED INVE		TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/664,367 09/17/2003			Alison Jane Foster		T3090(C)	4555	
TITLE OF INVENTION: 1	NOVEL COMPOUNDS ANI	O THEIR USES					
APPLN. TYPE	SMALL ENTITY	ISSUE FE	EE PU	BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	l	\$300	\$1700	01/24/2006	
EXAMINER		ART UNI	IT CL	ASS-SUBCLASS			
WARD, PAUL V		1623		544-224000			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
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(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
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Please check the appropriat	e assignee category or category			☐ Individual XXCo	rporation or other private g	roup entity Government	
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XX Issue Fee			A check in the amount of the fee(s) is enclosed.				
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☐ Advance Order - # of Copies			The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number $12-1155$ (enclose an extra copy of this form).				
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Authorized Signature Mulchael P. Aronson Page Takeling 10, 2006 Typed or printed name Michael P. Aronson Registration No. 50,372							
Typed or printed name Michael P. Aronson				Registration	No. 50,372		
an application. Confidentia submitting the completed a this form and/or suggestion	on is required by 37 CFR 1.3 lity is governed by 35 U.S.C pplication form to the USPT is for reducing this burden, slinia 22313-1450. DO NOT	. 122 and 37 CFR 1 O. Time will vary on hould be sent to the	.14. This collection is depending upon the in Chief Information O	s estimated to take 12 n ndividual case. Any conficer, U.S. Patent and	ninutes to complete, including mments on the amount of t Frademark Office, U.S. Der	ng gathering, preparing, and ime you require to complete partment of Commerce, P.O.	

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On January / 0 , 2006

Michael P. ARONSON

01/ /o /06 .
Date of Signature

Reg. No.: 50,372 Agent for Applicant(s)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Customer No.:

000201

Att'y Docket No.:

T3090(C)

Applicant:

Foster et al.

Serial No.: Filed:

10/664,367

September 17, 2003

For:

NOVEL COMPOUNDS AND THEIR USES

Group:

1623

Examiner:

Paul V. Ward

Englewood Cliffs, New Jersey 07632

January

, 2006

ISSUE FEE TRANSMITTAL

Commissioner for Patents Alexandria, VA 22313-1450

Sir:

With regard to the above-identified patent application, Applicants(s) are enclosing herewith "Issue Fee" Transmittal Form PTOL-85.

Please deduct the \$1400.00 Issue Fee Payment and the \$300.00 Publication Fee from Deposit Account No. 12-1155. Any deficiency or overpayment should be charged or credited to this Deposit Account. This authorization is submitted in triplicate.

Respectfully submitted.

Michael P. Aronson Registration No. 50,372

Agent for Applicant(s)

MPA/dca (201) 894-2412